

13281 U.S. PTO
041604

UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE


Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	KING3002/JEK/JJC
	First Named Inventor (or identifier)	Daniel W. King
	Total Pages	29

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	CUTTING HEAD FOR CUTTING A FOOD PRODUCT
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- ☒ 1. Submitted herewith are the following:
- 18 pages of specification.
 - ☒ Abstract.
 - 6 sheet(s) of drawings.
 - 14 claim(s).
 - ☒ Oath/Declaration signed by each inventor.
 - ☒ Application Data Sheet.
 - ☐ Preliminary Amendment.
 - ☒ Information Disclosure Statement(s).
 - 1 pages of Form PTO-1449.
 - ☐ Assignment of the invention, Cover Sheet, and payment of the \$_____ recordal fee.
 - ☐ certified copy of application no. _____ filed in _____. Priority is claimed.
 - ☒ check in the amount of \$ 385.00 including any assignment recordal fee.
- ☒ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --
- ☐ 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --
- ☐ 6. Other: _____.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Eric S. Spector, Reg. No. 22,495; Felix J. D'Ambrosio, Reg. No. 25,721; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805; and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	14	- 20 =	0	X \$18 =	
Independent Claims:	1	- 3 =	0	X \$86 =	
Correspondence Address: 23364 Customer Number				Multiple Dependent Claim (add \$290.00):	
				Subtotal:	\$770.00
				50% Reduction if Small Entity Status:	\$385.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$385.00
Date:	Name:		Signature:		Reg. No.
April 16, 2004	JUSTIN J. CASSELL				46,205

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